

### **G.3. Kentucky SKY Implementation**

- a. Describe the Contractor's approach to project management, including a summary of responsibilities for project governance and how the Contractor will track action items, risks and issues, as well as contingency and mitigation plans. At a minimum, the implementation plan must include elements outlined in the RFP, for example:
  - i. Establishing an office location and call centers;
  - ii. Provider recruitment activities;
  - iii. Staff hiring and a training plan;
  - iv. Establishing interfaces to information systems operated by the Department and DCBS; and
  - v. Communicating with and educating Network Providers and Kentucky SKY Enrollees through a web site and required materials, and how that interaction will support program participation and program goals.
- b. Describe the Contractor's approach for building relationships with DCBS staff at the Service Region and county level, and with Department for Juvenile Justice (DJJ) staff at the Community District level to support enhanced coordination of care, reduced duplication of services, and improved access to the most appropriate services to meet the needs of Kentucky SKY Enrollees. Please address education, training, communications, and process development.





## Introduction

Passport has collaborated with DMS for the past 22 years with the common goal of operating an excellent program for Kentucky foster care (SKY) and other members included in the SKY program and for providers, DCBS, DJJ, and DMS. The Passport team first implemented Medicaid health plan operations in Kentucky in 1997 and continues to serve Kentuckians today. We are a low-risk, high-value option for DMS, with a mature provider network, trained and experienced staff, with operational systems and technology and are successfully providing services to our members today. We are Kentuckians, with deep roots in our communities and over two decades of experience with Kentucky Medicaid.

Accordingly, for the January 1, 2021 Go-Live, our implementation efforts are primarily focused on: a) delivering a suite of enhancements designed to optimize the experience for our providers and members; b) being compliant with new requirements within the RFP; and c) executing on a comprehensive communication, training and readiness plan for all operational staff, subcontractors, members and providers. We will employ the same detailed approach to project management as outlined in the Medicaid proposal with adjustments based on the needs of the SKY population and the draft SKY contract.

G.3.a. Describe the Contractor's approach to project management, including a summary of responsibilities for project governance and how the Contractor will track action items, risks and issues, as well as contingency and mitigation plans. At a minimum, the implementation plan must include elements outlined in the RFP, for example:

# Approach

Passport has long partnered with DMS with the shared common goal of operating a successful program for Kentucky members, providers, and DMS. To continue this partnership, we have developed a Program Implementation Plan (please see **Attachment G.3-1\_SKY Implementation Plan**), that is based on a thorough review of the RFP deliverables and draft MCO contract to ensure that all services and systems will be fully operational by Readiness Review and ultimately Go-Live. Passport has also identified what is already in place, what is in place that might require additional refinement, and what is new pertaining to our systems, processes, clinical programs and our operations. Our many years of working with you in Kentucky, with these members, taught us that less transition and disruption to the system is better. It also provides DMS with less risk than a full transition to a new entity that would have to implement all systems and processes, potentially at a high cost to the program.

Passport's program implementation approach is grounded in the Project Management Institute's Project Book of Knowledge, found at www.pmi. com. The internationally-recognized framework provides guidance and best practices for planning, measuring and overseeing complex projects and programs over their entire lifecycle. Our flexible, capable approach ensures appropriate capacity and internal controls are in place to accommodate the enhancements needed for the new contract.

The program implementation is led by an Implementation Lead and program management office. The effort is organized by domains as illustrated in **Exhibit G.3-1** to bring together end-to-end functions and create



connection points between implementation, operations and IT. The overall program is overseen by an Executive Steering Committee charged with ensuring successful implementation.

### Exhibit: G.3-1: Implementation and Operations Domains

 9 	Claims	Configuration (Benefits, Pricing); Provider Data Management; Claims Workflow; Accumulators; Encounters; Payment Integrity						
$\bigcirc$	Customer Service	Call Center (Member & Provider); Portals (Member, Provider); Fulfillment						
<b></b>	Enrollment/Finance	Eligibility & Enrollment; Client Finance						
	Clinical	Utilization Management; Appeals; Care Management						
Ø	RASQ	Risk Adjustment; Quality						
1	Reporting & Analytics	Operational; Financial; Regulatory/Compliance; Actuarial Services						
-	Data Integration	EDI, Interfaces with Subcontractors, Enterprise Data Warehouse, Data Extracts						
	Platform	Identifi <sup>s™</sup> Population Health Management System & Identifi <sup>s™</sup> Health Plan Administration (HPA), Technology Infrastructure						
	Operational & Market Readiness	Network Development, Provider Contracting & Services, Community Engagement, Marketing, Compliance						

Our Implementation Lead uses a program implementation plan as the primary planning and control framework to monitor progress and ensure that the project remains on time and is meeting specifications. Subject matter experts, project managers, business analysts and integration quality testers are assigned to each Domain and are responsible for delivery from project initiation to project close.

Our implementation plan includes a seven-phase project approach as described in **Exhibit G.3-2**, including Initiation, Requirements, Execution, Testing & DMS Readiness, Training & Operational Readiness, Go-Live, and Warranty/Transition to Operations, beginning immediately through ninety (90) days post go-live.



### Exhibit G.3-2: Implementation Phases

Phase	Activities
1. Initiation	Project team formation, project chartering and kick-off
2. Requirements	Finalizing the detailed requirements for the defined project scope, outlining
	specific timelines for each set of requirements, and preparing for execution.
	Developing comprehensive operational and market readiness plans, including
	development of comprehensive change management & communications
	strategy.
3. Execution	Developing the solution designs and building & configuring the solutions as per
	the defined project scope and business requirements. Developing and refining
	program policies and training/communication materials.
4. Testing & DMS	Conducting system and end-to-end testing to validate build and configuration
Readiness	against requirements and solution design. Finalizing desktop procedures,
	training/communication materials and policies. Conducting compliance
	review, mock readiness reviews, and full DMS readiness review.
5. Training &	Communicating changes to providers and other external stakeholders.
<b>Operational Readiness</b>	Onboarding new staff and training current Passport team members on new
	P&Ps and enhancements to the provider and member experience. Initiating
	the transition from implementation to operations process.
6. Go-Live	Operational Launch. Launching the Command Center and continuing execution
	on transition from implementation to operations process.
7. Warranty/Transition	Conducting daily Command Center, actively monitoring performance against
to Operations	SLAs and projections, with focus on rapid issue resolution. By the end of the
	warranty period, completing the transition from implementation to operations
	process, assessing lessons learned and adjourning the implementation team.

The Implementation Lead holds each domain accountable to hitting the key milestones for all deliverables and ensures the team members use standardized measurement values, reporting methodologies, and templates to facilitate communication, analysis, and accountability. A project tollgate approach will be used to move the project from each phase to the next at the domain level, ensuring that the critical deliverables for each phase have been completed as required. Key implementation and operational leaders will be required to signoff to move the project domain to the next phase. This will include an in-depth review of documentation (ex: requirements, solution design documents) prior to build and configuration to mitigate risk.

Additionally, the implementation team uses executive dashboards indicating the project's status to provide clear transparency to Passport's Executive Steering Committee. Our Executive Dashboards use a color system comprised of Red, Yellow, Green (RYG) to clearly communicate whether each workstream is on track or requires immediate mitigation. A sample of this Executive Dashboard is included in **Exhibit G.3-3**.



### Exhibit G.3-3: Sample Implementation Dashboard-Status/Progress by Domain

### Passport Status Report for Week Ending X/X/XX

Overall Status: On Track Implementation Lead: Rich Rutherford

Summary:				
Domain	Status	% Complete	Next Key Milestone (Target Completion)	Comments, Risks & Blockers
Claims	🕚 On Track	90%	Sample milestone – X/X/XX	
Customer Service	😑 On Track	90%		
Enrollment & Finance	😑 On Track	90%		
Clinical	🕚 On Track	90%		
RASQ	On Track	90%		
Reporting & Analytics	🕚 On Track	90%		
Data Integration	🕚 On Track	90%		
Platform	🕚 On Track	90%		
Operational & Market Readiness	🕚 On Track	90%		

We are open and transparent about progress. This is accomplished through status meetings, dashboards and risk and issue reports provided at an agreed-upon cadence. Examples may include:

- **Summarized Progress Updates:** As noted, updates are provided in the form of an Executive Dashboard, outlining overall status of each domain, progress against key milestones, key dependencies needed to accomplish the milestones, critical risks and leadership actions required.
- **Risk & Issue Report**: The implementation team will maintain a risk & issue log and will review it with the Executive Steering Committee weekly to ensure rapid mitigation.
- Action Item Tracker: The identification, management and closure of action items will be maintained to ensure successful implementation. Action items will be captured as part of meeting notes and tracked in the Action Item Tracker. They will then be reviewed weekly in the weekly project meeting. Action items will be escalated as necessary and will follow the Change Management/Risk Escalation process.
- **Decision Tracker:** Key decisions will be logged in a Decision Tracker, maintained by Passport's Implementation team. Decisions will be reviewed by the Executive Steering Committee to ensure decisions are communicated at all levels. Final decisions regarding scope and implementation approach will be signed off on by the Executive Steering Committee.



Passport will use an enterprise Portfolio/Project Management tool, Clarizen, to manage the full implementation lifecycle across all domains. Clarizen is a secure, scalable platform that allows for seamless management of complex projects. The platform has been used to create our Program Implementation Plan (Attachment G.3-1\_SKY Implementation Plan) and will be used to maintain detailed project schedules; document risks, issues, and decisions; assign specific tasks; and develop audience specific reports across all work items that can be utilized by Passport and DMS (e.g. milestones, key tasks, due dates, etc.).

Clarizen will provide transparency and visibility in the implementation through real-time updates and links to reports and dashboards.

Passport is honored to have served the Kentucky Medicaid population since 1997 and will comply with all provisions of the MCO contract as we continue to serve these members in the future. As an operating plan, Passport understands the Commonwealth, our members, and providers, and brings that knowledge and infrastructure in a way that guides a seamless implementation. Our dedicated implementation team ensures that all services and systems will be fully operational by Readiness Review and the new contract start date of January 1, 2021.

# **Program Implementation Plan**

As noted, the Program Implementation Plan acts as our primary framework for outlining the strategy and tasks for implementing new RFP and MCO contract deliverables. The Program Implementation Plan includes all elements set forth in the contract and enables Passport to quickly bring our current SKY operations up to revised 2021 compliance. Given our existing footprint, we believe we are well positioned to leverage our present infrastructure and operating experience to enable a seamless, low-risk implementation.

Passport's implementation efforts are focused on delivering a suite of high-impact initiatives designed to improve health outcomes, enhance the provider and member experience, and comply with the new 2021 MCO requirements. **Exhibit G.3-4** illustrates our key Program Implementation Plan phases.



### Exhibit G.3-4: Implementation Roadmap & Key Milestones

FEB 2020	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC	JAN 2021	FEB	MAR
Initiation													
Requi	rements	;											
(	3 Exe	cution	(Desigı	n, Builc	l & Cor	nfigurat	ion)						
					(	4 Testi	ng & Dl	MS Rea	diness				
						(		ining & Idiness	Operat	ional			
										(	6 Go-Li 1/1/2		
										(	Trar	rranty nsitior eratio	ı to

Attachment G.3-1\_SKY Implementation Plan exhibits the full Program Implementation Plan, covering the comprehensive set of tasks required to ensure a successful implementation of the new regulatory requirements and planned provider and member experience enhancements for the 1/1/21 Go-Live. While Passport does not require a full-scale implementation for the 2021 MCO Contract, we are investing in initiatives across every domain to improve health outcomes and enhance our provider and member experience. Our Program Implementation Plan is thorough and ensures that we will address all operational areas potentially impacted in the implementation of these high-impact initiatives.

**Attachment G.3-2\_SKY Program Implementation Plan Phases and Key** Milestones illustrates our Program Implementation Plan phases and key milestones in each domain.

G.3.a.i. Establishing an office location and call centers;

# **Establishing Office and Call Center**

Passport has strived to achieve the Commonwealth's goals by engaging approximately 600 highly dedicated and skilled resources to support our mission. Our team of talented professionals are primarily located within Kentucky to provide a local, high-touch member experience. Our training programs reinforce our commitment to delivering exceptional provider and member and are outlined in greater detail in the Staff Hiring and Training section below.



Plan operations are located at 5100 Commerce Crossings Boulevard in Louisville. We also maintain a primary call center with over 120 staff in the same location that first went live in 1997. In Prestonsburg, we maintain a satellite office that houses some claims, community engagement and provider network management staff.

We also acquired a 20-acre site in West Louisville at 18th Street and Broadway and are creating a state-ofthe-art Passport Health and Well-Being Campus to serve the needs of the local community. When complete, it will also provide a new corporate headquarters for Passport's staff and operations.

We will leverage our 20+ years of experience to evaluate the anticipated total impact on our operations and call center after the MCO contracts are awarded to ensure that we can maintain the same high standards for serving our provider and member stakeholders throughout the go-live period and beyond.

As part of our Program Implementation Plan, we will establish and implement detailed provider & member outreach and call center plans for the enrollment period, warranty period, and post-warranty period:

- **Provider and Member Outreach**: We will develop and implement a comprehensive communication plan for both providers and members for the transition to 2021 to proactively answer anticipated questions resulting from program changes. As part of this plan, our provider relations team will engage directly with providers to ensure we are meeting their needs and can rapidly adjust our communications to address any issues surfacing. We will also leverage existing processes for onboarding new members enrolling with Passport from other MCOs and for new providers contracting with Passport.
- **Tools & Technology**: In addition to utilizing personalized individual communications, we will customize messaging on the provider portal, member portal and the IVR to share key messages and address issues. We will monitor all incoming contacts and refine messaging real-time as needed.
- **Call Volumes:** We anticipate an uptick in call volumes in the weeks prior to Go-Live, and the early part of 2021 as it is historically our busiest time. We will evaluate historical annual call trends as well as data from past transitions (e.g. ACA expansion) to estimate expected call volumes.
- **Staffing:** We will determine what level of staffing is needed to meet our call center SLAs (e.g. average speed to answer, % answered within 30 seconds, abandonment rate) given expected call volumes and our proven Passport staffing ratios. Should additional staff be needed, we will onboard and train the staff needed to ensure we can remain in compliance as we are today.

### G.3.ii. Provider recruitment activities

## **Provider Recruitment Activities**

As a trusted DMS partner for over two decades, we already have a provider network in place with longstanding relationships. Passport currently serves more than 300,000 Kentuckians statewide with a provider network that includes approximately 9,200 PCPs, 17,000 specialists of which nearly 2,500 are pediatricians, 3,800 behavioral health providers, and 128 hospitals. Our locally-based provider contracting and provider relations representatives continue to provide in-person, one-on-one education and assistance to facilitate contracting, credentialing and accurate and prompt claims payment. These factors, coupled with



our historical provider ownership and focus, will reduce potential provider abrasion often present in a fullscale provider network build, and substantially lower risk to DMS.

Passport, founded as a provider-led plan and continuously governed by and responsive to providers, is a leader in provider network development. Our strategy to ensure a comprehensive statewide network across all provider types includes extensive analysis, personal recruiting and contracting with a variety of quality and value reimbursement Programs.

Passport assesses network adequacy on an ongoing basis to identify and close gaps, increase provider capacity by provider type, and seek opportunities to improve access for members. Monthly, our Provider Network team applies Quest Analytics tools, an industry-standard platform that combines dynamic time and distance access stands with our minimum contractual provider requirements to evaluate our overall network adequacy and identify gaps based on standards. Quarterly, we review claims data to identify all out-of-network providers seen by members during the period, which further helps identify gaps. The Provider Network team also reviews access-related feedback from members, referring providers, care managers and utilization managers, as an early warning system of changes in member need that may necessitate network recruitment response.

To address any specific network gaps identified and to maintain its high-quality network, Passport is offering a suite of Value-Based Payment models to encourage and reward both small and large practices.

Passport also relies on traditional recruitment tactics in its overall network development such as meetings, email and traditional mail contact, telephone calls, meet-and-greets, and formal presentations. We develop target lists of providers from our analysis of specific geographic areas and specific provider types, leveled by our monthly analysis described above. We also target providers using a variety of sources including existing Passport provider recommendations, member requests, direct provider inquiry, and focused geographic & specialty searches.

Passport's commitment to continuous evaluation, innovative value-based payment offerings, relationship development and in-depth provider support will enable Passport to continue delivering on its commitment to network adequacy, value and high-quality care.

G.3.iii. Staff hiring and a training plan;

# **Staff Hiring**

Passport understands the Kentucky SKY populations' health needs and demographics, and will recruit staff with these needs in mind. We will recruit job candidates that have experience with local cultures, perspectives and relationships, which will strengthen our interaction with Kentucky SKY members, legal guardians, caregivers, and the providers and agencies who serve them.



Passport proposes to hire more than 127 new staff to ensure we meet and exceed all services and contract requirements. The majority of our team, including executive leadership, will be located in Kentucky to boost the local economy and deliver a hands-on, community-based approach that supports the Commonwealth's coordinated care goals. All Kentucky SKY Care Management staff will be based in Kentucky.

## **Recruitment Sources**

To hire Kentucky SKY staff, we will leverage our team of Louisville-based human resources (HR) recruiting professionals to quickly seek and hire qualified candidates. In addition to our local recruiting efforts, Passport has access to national recruiting resources and a deep pool of qualified applicants through our affiliation with Evolent. Passport will give priority to candidates with professional or lived experience with the Kentucky SKY population. We will also seek candidates with degrees or certifications specific to working with Kentucky SKY members. We also will use our connections with academic programs and professional associations to recruit for Kentucky SKY staff.

## **Kentucky SKY Staff Recruitment and Hiring Process**

Passport is committed to hiring individuals who demonstrate our values. During the hiring process, we screen applicants for education, experience and longevity in a similar position. As noted in our job descriptions, for some positions, experience with foster care, former foster care, or other members of the Kentucky SKY population is essential. We find candidates who are both highly qualified and a strong cultural fit.

We describe our recruitment and hiring process to build this team below.

- **1.** Assemble Hiring Team. A hiring team of experienced subject matter experts guides the recruitment, hiring, onboarding and training process.
- 2. Identify Hiring Needs. The hiring team meets with all business areas to clearly identify the needed roles and anticipated start dates, and to create recruitment plans for each role.
- 3. Define Roles and Responsibilities. The hiring team partners with business area leaders to define the roles and responsibilities of each team member, ensure that job descriptions for the Passport Kentucky SKY program are accurate, and discuss any other factors needed to complete a successful and timely recruitment, hiring and training process.
- 4. Devise Specific Recruitment Strategies. The hiring team partners with the hiring manager to devise recruitment strategies that are carefully designed to select the right individual for each position. The team engages leaders and hiring managers in a review of the plan to ensure full alignment. We believe such careful planning on the front end ensures a smooth recruitment and hiring process, and helps us achieve excellence in services, positive health outcomes and cost savings for the state.



- 5. Develop Hiring Action Plan. We turn the strategy into an action plan that includes key steps, start and end dates, responsible persons and contingencies. The strategy begins with recruitment and ends with successful onboarding and training of staff and then transitions to a recruitment and staffing maintenance strategy where we continue to fill roles on an as-needed basis.
- 6. Recruit. The hiring team will recruit externally on widely known websites (e.g., LinkedIn), local Kentucky job boards, and with local colleges and employment offices. Whenever possible, the team will also rely heavily on employee referrals, which often lead to the hiring of high-performing, long-term employees. More specifically, we will investigate local opportunities in the communities we serve, such as participating in or co-sponsoring job fairs.
- 7. Identify and Screen Candidates. The hiring team identifies and screens quality candidates by discussing essential components of the position and our core values. In addition to the initial recruiter screen, we may administer various online assessments to the candidate if the position they are applying for requires proficiency in a specific language or skill set. These assessments help ensure that we are recruiting the best qualified candidates. All candidates who are identified as a good match are referred to the hiring managers for a phone interview. After an initial, high-level 30-minute phone interview with the hiring manager, we invite the most promising candidates to a follow up, in-person or virtual interview with the full interview team. We ensure our interview teams are diverse to support our focus on diversity as an organization. All hiring managers and members of the interview team are trained in behavior-based interviewing for. The interview team makes every effort to put the candidate at ease, recognizing that they are also looking for the right cultural fit. We capture team feedback in an applicant tracking system immediately following the interview.
- 8. Select Candidates. When an offer is made to a candidate, the hiring manager works closely with the hiring team to answer any additional questions, address any concerns and maintain a positive relationship with the candidate. If a candidate is not the best fit for the position they interviewed for, we maintain their information in case a better opportunity becomes available in the future. Candidates are notified in a timely manner over the phone or via email that, although they were not selected for this particular role, we still encourage them to apply for other positions that may better align with their skill set and experience.

## **Staff Training**

The Passport team will collaborate with Kentucky experts, including those in DMS, DCBS, and the Department of Juvenile Justice (DJJ) to identify training needs. In compliance with the draft Kentucky SKY contract, Passport's education and training plan will be submitted within one hundred twenty (120) days of contract execution, as referenced in our Implementation Plan. We will ensure that DMS has a minimum of ten (10) calendar days to review Passport's education and training materials and that the final materials are



submitted to DMS within five (5) days of DMS review. The materials will be evaluated for needed revisions on an annual basis, or as required due to law or policy changes.

## In-Depth Training on the Kentucky SKY Program for Passport Staff

All Passport staff who might interface with Kentucky SKY members or providers, not only those directly assigned to the Kentucky SKY Team, will be trained specifically to serve the Kentucky SKY population. This includes all customer service representatives, all provider relations staff, and all of our clinical team.

## **Kentucky SKY Training**

Passport will provide a foundational Kentucky SKY education curriculum. This program will be designed to ensure that all staff receive the training, tools and supports needed to deliver the highest quality of care to our members while remaining compliant with our contract with DMS and applicable Commonwealth and federal requirements. It will also address the unique needs of this very vulnerable population, the role of the caregiver, and the requirements of the Kentucky SKY program.

This Kentucky SKY-specific training module will be included in the orientation training or, for existing employees, provided in separate training sessions. This instructor-led training will be offered in person and accompanied by written materials that reinforce the most important content.

The training will cover a range of topics, including the following:

- Overview of the foster care system
- TIC
- Adoption subsidy and how foster care members may qualify upon adoption finalization
- Challenges faced by former foster care members
- Common circumstances Kentucky SKY members experience, such as:
  - Multiple and frequent changes in placement
  - Changes in caregivers
  - Traumas experienced in their short lifetime and post-traumatic stress
  - Behavioral health and complex medical issues
  - Substance abuse issues—either personally or experienced in their home
  - Disruptions in education
  - Challenges when aging out of foster care and the risk of homelessness
- Caregiver's challenges and supports within the foster care system



- The Kentucky SKY covered services and requirements and how they differ from other Medicaid populations, such as the providers' responsibilities for:
  - Providing or coordinating health care services and behavioral health services, including medical consent, timelines, assessments, appropriate utilization of psychotropic medications and more, as required by DMS
  - Business processes and workflows
  - Coordinating with foster parents, caregivers and fictive kinship, social service workers, and adoptive parents
  - Coordinating with state DCBS and DJJ professional personnel, court-appointed special advocates (CASAs), judges, law enforcement officials, schools, private child-caring and child-placing agency staff, other Cabinet sister agencies, and other stakeholders
- The role and responsibilities of DMS, DCBS and the DJJ and the collaboration process with Passport
- Passport's staffing and infrastructure to support the Kentucky SKY program
- The role and availability of Passport's Kentucky SKY Care Management team and how to access the Care Coordinator
- The aging out process and Passport's support in transitioning our members
- The Building Bridges Initiative

The following training schedule will apply:

- All Kentucky SKY management team staff hired and trained by August 1, 2020
- All Passport staff interfacing with Kentucky SKY members and providers hired and trained by October 1, 2020
- All Kentucky SKY Care Coordination staff hired and trained by December 1, 2020

G.3.iv. Establishing interfaces to information systems operated by the Department and DCBS; and

# **Interfaces to Other Information Systems**

Our core business interfaces are longstanding and in place, lessening the risk associated with a full-scale implementation. We will validate any new or modified interfaces through extensive testing as part of our internal readiness review prior to the Commonwealth's Readiness Review.

As part of our core business over 250 data interfaces have already been set up to support the Kentucky business. This includes data exchanges to the subcontractors discussed in Section C.1, Subcontractors. During implementation process at Passport the dedicated Data Integration team works through extensive and detailed requirements and discovery sessions where requirements are gathered. Internally these requirements are then solutioned to ensure every requirement is satisfied and presented as part of the Implementation Solution sessions. These solution sessions are held internally with our SMEs from each of



the domains to provide a complete and thorough end-to-end solution. These requirements and solutions are reviewed and approved before entering the execution phase.

Once approved the requirements and solution documents are analyzed at a deeper technical level and detailed design/tech spec/gap analysis documentation is generated by our Systems Analysts. These detailed design documents are then provided to the software engineers to build out the interfaces. Once developed these interfaces are first tested by a group of functional testers who focus on the specific data level requirements of each interface. Once tested and approved by the functional testers the interface is then handed over to the Integration Quality team which then manages the end-to-end testing of the data flow using the interconnected interfaces.

End-to-end Testing (E2E) focuses on the validation of Inbound/Outbound interfaces by ensuring that data (Provider/Contract, Member, Claims, etc.) accurately flows to/from the interfaces in accordance to the Business Requirement and Technical Specifications documents. Additionally, Interface E2E testing entails testing with Vendors/Subcontractors. The testing engagement involves a common test strategy (scenarios) and data set that both entities review and execute against and where the execution results are collectively reviewed. Testing occurs in multiple iterations until a mutual determination of success is agreed to, that will thereby result in the closure of the joint testing cycle.

Enhancements to the Passport Program for 2021 as described in this RFP (including the Kentucky Health Information Exchange and the behavioral health claims insourcing) will follow the process outlined above for any Interface enhancements/updates.

# **Staffing to Support Implementation and Readiness Reviews**

Passport draws from its talented team of health plan experts in every area of the current operations to support the implementation and readiness review effort. This includes the Implementation PMO to manage the overall readiness effort, Domain teams staffed with seasoned operational and technical experts, and an Implementation Architect to ensure the overall solution designed will effectively meet the needs of the market, all overseen by an Executive Steering Committee of Passport executives. Members of the Executive Steering Committee have oversight and accountability for the performance of their assigned operational areas and ensure that new contract requirements are seamlessly implemented in their operations. They are also accountable for ensuring that provider and member interests are reflected in decisions made through implementation. Collectively, we will continue to apply our deep health plan knowledge and local expertise to ensure successful delivery and readiness.

Implementation Lead Rich Rutherford, RN, BSN, PMP oversees our implementation and Readiness Review activities. Rich is a seasoned Project Management Professional and has leveraged his nursing background to lead several successful healthcare program implementations. Rich draws from his 20 years of experience to ensure a successful Readiness Review and Go-Live, minimizing risk to DMS, members and providers.

Rich is supported by a Program Manager, our Implementation Program Management Office (PMO) and receives oversight from our CEO, Scott Bowers and an Executive Steering Committee charged with ensuring the successful implementation. Rich and our Program Manager manage implementation activities, but



ultimately responsibility and authority for the implementation rest with Scott Bowers. Exhibit G.3-5 depicts our implementation program's organization.

#### Exhibit: G.3-5: Implementation Program Organization



The Implementation Architect facilitates solutioning across Operational Domains

accountable Domain Lead supported by Project Managers, Business Analysts, Product Leads, and Integration Quality Testers

Implementation Lead and Program Manager responsibilities are reflected in Exhibit G.3-6.

Role	Responsibility
Implementation Lead	<ul> <li>This resource serves as primary point of contact for executive leadership on the implementation. This role oversees a Project Management Office (PMO), Program Managers and Project Managers dedicated to the implementation. This role also drives the collaboration amongst the key stakeholders across domains to:</li> <li>Drive accountability for the quality of overall service delivery for the implementation</li> <li>Oversee the development of the end-to-end project plan</li> <li>Ensure deliverables are met as per contractual agreements</li> <li>Oversee the communications of the overall implementation progress, risks and mitigation plans</li> <li>Leads the coordination of all delivery resources and activities across the implementation domains through a coordinated set of project management tools.</li> </ul>
Program Manager	<ul> <li>This role serves as the primary day-to-day point of contact for implementation teams across the operational domains. This role is accountable for the oversight of the following:</li> <li>Facilitates the development of consolidated project plan across operational domains</li> <li>Manages the production of deliverables and the delivery timeframes across the domain project managers</li> <li>Brings rigor to risk management to identify and communicate project risks early in the process, and facilitate subsequent issue resolution</li> <li>Oversees the overall implementation progress, risks and mitigation plans and identifies and mitigates impacts across domains and workstreams</li> <li>Interfaces with project and domain teams to maintain consistent understanding of project status and identify variances to plan.</li> </ul>

#### Exhibit: G.3-6: Implementation Lead and Program Manager Responsibilities



Each of the domains will have one or more individuals serving in each of five key PMO roles, as outlined in **Exhibit G.3-7**.

#### Exhibit: G.3-7: Implementation Lead and Program Manager Responsibilities

Role	Responsibility
Operations	Responsible for leading the success of individual domains by providing subject matter
Technical Domain	expertise for operational functions and technology by collaborating with the operations and
Lead	IT teams. The role is accountable for:
	<ul> <li>Guiding the implementations through the definition of requirements, solutioning and testing with the product manager, project manager, business analyst and testers</li> </ul>
	<ul> <li>Defining and standing up the operations, including training, reporting needs, SOPs, SLAs, etc.</li> </ul>
	<ul> <li>Facilitating domain-specific implementation committees and driving decisions during the implementation</li> </ul>
Product Lead	Responsible for the design and development of product enhancements by collaborating with
	the Operations Technical Domain Leads and Business Analysts
Domain Project	Coordinates the day-to-day delivery of the team members of the domains within the
Manager(s)	implementation structure
	<ul> <li>Supports the communications and collaboration between implementation and operations teams</li> </ul>
	Drives the maintenance of the overall domain plan, risk and issue log and status reports
Business Analysts	Supports the domains through requirements gathering and documentation, authoring
	solution designs and building solutions:
	Create Business Requirements Documents
	Define Acceptance Criteria
	Collaborate on design definition/documentation
	Create inventory of current state process flows
	Document new state process flows
Integration Quality	Responsible for testing the configurations and all related components, data loads,
Testers	infrastructure and workflow(s)

The **Operations Technical Domain Lead** and **Product Lead** play central roles in ensuring alignment between Operations and IT as part of a dyad as depicted in **Exhibit G.3-8**. As a senior level operational lead, the Operations Technical Domain lead, supported by domain-specific Business Analysts and Testers, will serve as the operational subject matter expert to guide requirements and operational stand-up, thus ensuring operational accountability and expertise are engrained in the implementation. The Operations Technical Domain Lead and the Product Lead for the domain will collaborate prior to and during implementation to identify any capability gaps and to determine solutions to close them.

### Exhibit: G.3-8: Operations and Technical Delivery Alignment



Lastly, connecting the domains together to ensure the overall solution meets the needs of the Kentucky providers and members is the Implementation Architect, as described in **Exhibit G.3-9** and depicted in **Exhibit G.3-10**.

### Exhibit: G.3-9: The Role of the Implementation Architect

Role	Responsibility
Implementation Architect	<ul> <li>This role will be filled by the senior market operations leader and acts as the hub for the overall solution being delivered, by spanning across all domain teams:</li> <li>Responsible for driving solutioning across domains to ensure processes are designed using holistic, end-to-end approach. Includes facilitating business owner and domain lead signoff on all non-standard processes to ensure seamless execution upon go-live.</li> <li>Ensures sustainable processes are developed during the implementation phase, and the correct staffing model is identified to execute on all new and refined processes. Allows Market Leader to assess any non-standard processes and make determination of potential staffing impacts.</li> <li>Ensures processes put in place enable adherences to both service level agreements and regulatory requirements</li> <li>Responsible for establishing plan to transition progressively to operations.</li> </ul>





### Exhibit: G.3-10: Implementation Architect as the Hub Connecting All Domains

The PMO collaborates with the Executive Steering Committee to champion specific member and provider needs within their functional areas. The PMO will support implementation activities. Readiness reviews will be supported by all hands—the PMO, Executive Steering Committee, and MCO clinical and operational staff.

To ensure stable post-go-live operations, we will stand up a Command Center at least 15 days prior to golive to serve as a centralized entity to track status, identify issues, and mitigate risks. This solution groups key resources to speed the identification and resolution of issues.

The Louisville-based Command Center will be comprised of business owners, key stakeholders and delegate points of contact (POCs) for each operational team and will operate throughout the 90-day warranty period post go-live. The Command Center has an established escalation path to ensure efficient communication and involvement of appropriate business owners and support teams for issue resolution.

Each solution team will monitor the health of operations using a set of reports with key operational metrics to aid in the rapid identification of issues as shown in Exhibit G.3-11. Sample report templates are shown in Exhibit G.3-12 and Exhibit G.3-13.



### Exhibit: G.3-11: Command Center Operational Metrics Monitored

# **Command Center Metrics Monitored**

Solution Team	Report	Report Content/Metrics	
Call Center	Call Performance Report (member and provider)	# call received # called answered (CSR, IVR) # calls abandoned Abandon rate # calls answered in 30 seconds	% of calls answered in 30 seconds Average hold time Average call time Call backs
Enrollment & Eligibility	Enrollment Processing Dashboard	# of eligible members # of terminated members # of ID cards mailed	% of members with PCP assigned Date of last eligibility file load
Claims	Claims Aging Report Claims General Summary Report	# of claims received # of claims processed # of claims in inventory Inventory dollar amount Claims aging (0-7 days, 8-14 days, 15-21 days, etc.)	Claim level detail # of paid claims # of pending claims/line count Total claims/line count
Pharmacy	Claims Summary Report Plan Performance Report CVS Call Center Report	# paid claims # rejected claims % paid # reversed claims	Top rejection codes UM coverage determinations (approved, denied) and TAT (hours) Pharmacy call center stats (ASA, talk time, abandoned calls, hold time, etc.)
Utilization Management	Daily summaries of UM activities	# of calls received # of calls handled Turnaround Time / Queue Status Average speed of answer Abandon rate SVC Level	# of calls for Identifi issues # of calls for phone line issues # of requests received # of approvals # of adverse determinations
Appeals & Grievances	Identifi Appeals Detail Report Identifi Complaints Detail Repot	Case details for appeals and complaints	
Care Management	Report of issues logged in JIRA related to Care Management	Access issues Care team training issues	Workflow issues Functionality issues



#### Exhibit: G.3-12: Sample Report Template for Call Center Operations Monitoring

						Me	mber Da	aily Call Sta	ats						
Date	Total Calls Received	Total Calls Answered BY CSR	Total Calls Answered by IVR	Total Calls Answered	Number of Calls Abandoned	Number of Calls Answered within 30 Seconds	% of Calls Answered in 30 Seconds	Abandonment Rate	Average Hold Time min.sec	Average Call Time min.sec	Number of Members who Elected Call Back	Number of Successful Call Backs	Average Talk time of Call Backs (min:sec)	Average wait time of Call Backs (min.sec)	Longest time in queue of Outbound Calls
30-Dec	-0														
31-Dec															
1-Jan															
2-Jan															
3-Jan															
4-Jan															
5-Jan															
Week 1															
6-Jan															
7-Jan															
8-Jan															
9-Jan															
10-Jan															
11-Jan															
12-Jan															
Week 2															
Jan															

#### Exhibit: G.3-13: Sample Report Template for Pharmacy UM Operations Monitoring

UTILIZATION MANAGEMENT - COVERAGE DETERMINATIONS

CVG DETERMINATIONS	JAN 07	JAN 08	JAN 09	JAN 10	JAN 11	JAN 12	JAN 13	JAN 14	JAN 15	JAN 16	YTD
TOT DETERMINATIONS	0	0	0	0	0	0	0	0	0	0	0
APPROVED	0	0	0	0	0	0	0	0	0	0	0
DENIED	0	0	0	0	0	0	0	0	0	0	0
EARLY CLOSE	0	0	0	0	0	0	0	0	0	0	0
TURNAROUND (HRS)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
APPROVAL RATE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

APPEALS	JAN 07	JAN 08	JAN 09	JAN 10	JAN 11	JAN 12	JAN 13	JAN 14	JAN 15	JAN 16	YTD
TOT DETERMINATIONS	0	0	0	0	0	0	0	0	0	0	0
APPROVED	0	0	0	0	0	0	0	0	0	0	0
DENIED	0	0	0	0	0	0	0	0	0	0	0
EARLY CLOSE	0	0	0	0	0	0	0	0	0	0	0
TURNAROUND (HRS)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
APPROVAL RATE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

All issues identified are logged into our JIRA tracking system. The POCs will be the intake points for all known issues and responsible for logging and maintaining them throughout the day. The Command Center will have a dedicated room for the team to congregate and hold stand up meetings and calls. During Command Center operations, the PMO will facilitate regular communications to interested stakeholders to minimize external distractions and keep the Command Center team focused.

While the market and plan operations teams are deeply embedded in the implementation, Passport executes a formal implementation-to-operations handoff plan to ensure the smooth transition from the implementation to the operations phase.

Planning and execution of the plan take place in tandem with the implementation and continues until 90 days after Go-Live. Exhibit G.3-14 describes the high-level components of the plan. The overall objective is to ensure operational stabilization through the execution of structured implementation close-out activities. The transition culminates in Executive program reviews conducted as the 90-day post go-live milestone approaches, to ensure Operations is ready to fully assume control of the new program elements.

Milestone	Owner	Timing	Description
Training	Training & Development, PMO	Start up to 90 days pre go-live	Series of training sessions focused on Behavioral Health claims processing, clinical program enhancements, SDoH, mobile application support, expanded provider network and changes in policies and
Reporting	Analytics Implementation Team	Up to 30 days before go-live to 60 days post go-live	procedures. Transition new and refined reports to Analytics Operations team after reports tested with live production data post go-live
Clinical	Clinical Implementation & Operations Teams	Up to 30 days before go-live to 60 days post go-live	Transition new and refined programs to Clinical Operations teams, and ensure that providers and members are well-cared for throughout and beyond the transition to operations
Interfaces	Data Integration	Up to 60 days post go-live	Transition new and refined interfaces to IT Operations team after interfaces tested with live production data post go-live
Integration Quality Go-Live Review	Integration Quality, PMO	30 days pre go-live	Review of testing status, critical defects and any outstanding tasks
Command Center Reporting	PMO & Market Operations	Start 15 days prior to go-live and continue 90 days post go-live	Daily command center reporting, post go-live issue resolution
Domain Status Review	PMO, Operational Domain Leads	Up to 30 days post go-live	Review Implementation Domain status with Market Operations, outlining any outstanding tasks or issues requiring resolution
Maintenance Meetings	Market Operations	Up to 60 days post go-live	Incorporate expanded 2021 capabilities into weekly, bi-monthly & monthly maintenance meetings: Market Operations, Operational Performance Reviews
Executive Program Reviews	PMO, Executive Steering Committee	90 days post go-live	Executive Review of Implementation Retrospective and formal Warranty Period Closure (with handoff of Implementation to Ongoing Operations)

#### **Exhibit: G.3-14**: Implementation to Operations: Key Components for 2021 Go-Live



G.3.v. Communicating with and educating Network Providers and Kentucky SKY Enrollees through a web site and required materials, and how that interaction will support program participation and program goals.

## **Effective Communications for Providers and Members Supports Program Participation and Program Goals**

Passport leadership recognizes that Kentucky SKY is an ambitious and innovative approach to integrating and coordinating child welfare, juvenile justice, and Medicaid services. Such system change will require support and constant communication between Passport and its provider network and between Passport and its members.

Within two weeks (with approval by DMS, DCBS, and DJJ) of award notice, Passport will establish a web site dedicated to Kentucky SKY. It will contain resources for members, state agency staff, providers, guardians and family members, and the general public. The web site will contain basic information about the Kentucky SKY program and during implementation will be expanded to include the provider manual, the member handbook, contact information for customer service, provider relations, etc. Training materials including webinars and links to external resources also will be available.

Shortly after award notification, Passport will also use its e-news capacity to begin to inform our current provider network of the specific requirements of being a Kentucky SKY provider and the opportunities to improve care. Our provider relations staff will begin individual visits with existing and new providers to orient them to Kentucky SKY.

We will initiate a campaign to inform our current members about Kentucky SKY. The campaign will focus on new opportunities within Kentucky SKY, e.g., care coordination, and also on reassuring members that their existing Medicaid health benefits will continue. This outreach will be extended as we receive contact information for new enrollees transitioning into Passport. We will also focus on building partnerships with TAYLRD (Transition Age Youth Launching Realized Dreams) programs across the Commonwealth to connect with and educate late teams and former foster youth. Passport has an extensive presence on social media including Facebook, Twitter, and Instagram which will be used to supplement educational efforts for members. Some of our content, e.g. new member videos, were recognized with Digital Health Awards for Excellence in 2019.

Furthermore, our statewide network of community engagement professionals will be working through professional, advocacy, and community coalition contacts to make sure information about Kentucky SKY is widely available to our providers and members. This education will occur through booths at professional meetings and community events as well as through informal contacts in the course of community activity.



# **Provider Outreach**

## **Education and Support for Kentucky SKY Providers**

Our orientation activities begin with an introductory phone call from the Provider Relations team, which coordinates the on-site orientation training. Our Kentucky SKY-specific training module will be included in our orientation training for providers new to the Passport network, to providers who are new to serving our Kentucky SKY membership, and as part of Passport's new hire training requirements.

At the foundation of our initial touch point, the Passport Provider Relations specialist confirms that the provider has been able to successfully access Passport's provider website, provider portal and Kentucky

HealthNet, all of which are critical in the provider's relationship with Passport and the DMS, including connection information with the Kentucky Health Information Exchange.

Assistance is offered to the provider if there have been any barriers to accessing any of these websites. The provider is also made aware of the tools available to them on the provider website, such as the Provider Orientation Kit, which includes information on Passport's special programs and how to access them (demonstrated in **Exhibit G.3-15**) as well as Passport's Provider Manual.

The Provider Manual includes helpful information that details all of Passport's plan benefits, policies and administrative procedures, as well as a dedicated section on requirements for Kentucky SKY providers. Information specific to the care of our Kentucky SKY members includes the following: eligibility primary care

### Exhibit G.3-15: Provider Orientation Kit

LL ABOUT BENEFITS         Summary of Benefits for Passport Health Plan Members         Cost Sharing         Utilization Management         Prescription Medications and Prior Authorization         Lock-In Program         Urgent Care Services         IGHTS & RESPONSIBUTIES         Member Rights & Responsibilities         Provider Responsibilities         ROVDER RESOURCES         Electronic Services         Cultural and Linguistic Services Program         ILUNG AND REIMBURSEMENT         Paper and Electronic Claim Submission         Electronic Forsiders         Submission of NDC Information for Drug Codes         Corrected Claim Submission Procedures         Electoniter Submission         Billing for EPSDT Services         Submission of NDC Information for Drug Codes         Corrected Claim Submission Procedures         Encounter Submission Thoredures         Encounter Submission         Third Party Liability         Care Management Programs         Care Management Programs         Care Management         Complex Care Management         Condition Care Management         Caractrophic Care Management         Condition Care Management         Care Management <th>3 4 5 8 9 10 10 11 15 15 15 15 17 20 20</th>	3 4 5 8 9 10 10 11 15 15 15 15 17 20 20
Cost Sharing. Utilization Management Prescription Medications and Prior Authorization Lock-In Program Urgent Care Services IGHTS & RESPONSIBILITIES Member Rights & Responsibilities Provider Responsibilities ROVDER RESOURCES Electronic Services Cultural and Linguistic Services Program ILLING AND REIMBURSEMENT Paper and Electronic Claim Submission Electronic Pruda Transfer (EFT) Family Planning Claims Billing for EPSDT Services Submission of NDC Information for Drug Codes Corrected Claim Submission Procedures Encounter Submission Prior Party Liability PECIAL PROGRAMS Care Management Programs. Catastrophic Care Management. Complex Care Mana	4 4 5 8 9 10 10 10 11 15 15 15 15 17 20 20
Utilization Management Prescription Medications and Prior Authorization Lock-In Program Urgent Care Services GHTS & RESPONSIBUTIES Member Rights & Responsibilities Provider Responsibilities ROVIDER RESOURCES Electronic Services Cutural and Linguistic Services Program Cutural and Linguistic Services Parally Planning Claims Billing for EPSDT Services Submission of NDC Information for Drug Codes Corrected Claim Submission Third Party Liability PECLAL PROGRAMS Care Management Complex Care Management Complex Care Management Complex Care Management Complex Care Management Transition Care Management Complex Care M	4 5 8 9 10 10 11 15 15 15 15 17 20 20
Prescription Medications and Prior Authorization	5 8 9 10 10 11 11 15 15 15 15 17 20 20
Lock-In Program	8 9 10 10 11 15 15 15 17 20 20
Urgent Care Services	9 10 10 11 15 15 15 17 20 20
SCHTS & RESPONSIBILITIES Member Rights & Responsibilities Provider Responsibilities ROVDER RESOURCES Electronic Services Cultural and Linguistic Services Program ULING AND REIMBURSEMENT Paper and Electronic Claim Submission Electronic Pruds Transfer (EFT) Family Planning Claims Billing for EPSOT Services Submission of NDC Information for Drug Codes Corrected Claim Submission Procedures Encounter Submission Frid Party Liability PECIAL PROGRAMS Care Management Transition Care Management Condition Care Management Transition Care Management Condition C	10 10 11 15 15 15 17 20 20
Member Rights & Responsibilities	
Provider Responsibilities	11 15 15 15 17 20 20
ROVDER RESOURCES Electronic Services Online Resources for Providers Cultural and Linguistic Services Program ILING AND REIMBURSEMENT Paper and Electronic Claim Submission Electronic Funds Transfer (EFT) Family Planning Claims Billing for EPSDT Services Submission of NDC Information for Drug Codes Corrected Claim Submission Third Party Liability PECLAL PROGRAMS Care Management Condition Care Management Transition Care Management	15 15 15 17 20 20
Electronic Services	15 15 17 20 20
Electronic Services	15 15 17 20 20
Online Resources for Providers	15 17 20 20
Cultural and Linguistic Services Program	17 20 20
ILLING AND REIMBURSEMENT Paper and Electronic Claim Submission Electronic Funds Transfer (EFT) Family Planning Claims Billing for EPSDT Services Submission of NDC Information for Drug Codes Corrected Claim Submission Third Party Liability PECIAL PROGRAMS Care Management Condition Care Management Condition Care Management Transition Care Management Transition Care Management Condition Care Management Transition Care Management Condition Care Management Condition Care Management Transition Care Management Condition Care Management Transition Care Management Condition Care Management Transition Care Management Transition Care Management Condition Care Management Transition Care Management Care Ma	20
Paper and Electronic Claim Submission	20
Electronic Funds Transfer (EFT)	
Family Planning Claims	21
Billing for EPSDT services	
Submission of NDC Information for Drug Codes	
Corrected Claim Submission Procedures Encounter Submission Third Party Liability PECIAL PROGRAMS Care Management Programs Catastrophic Care Management Complex Care Management Condition Care Management Transition Care Management Care for You 24/7 Nurse Advice Line Care Management	
Encounter Submission	
Third Party Liability	
PECIAL PROGRAMS Care Management Programs Catastrophic Care Management Complex Care Management Condition Care Management Transition Care Management Care for You 24/7 Nurse Advice Line Care for You 24/7 Nurse Advice Line	
Care Management Programs	
Catastrophic Care Management	
Complex Care Management Condition Care Management Transition Care Management Care for You 24/7 Nuse Advice Line	
Condition Care Management	
Transition Care Management	
Care for You 24/7 Nurse Advice Line	
Remote Care Monitoring Program	
Maternity Care Management	
Specialty Populations Team Population Health Management.	
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EHAVIORAL HEALTH	34
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lease note this information is important and to be used to help you become more familiar with Pa	3/

provider (PCP) exceptions, focus of Passport's Special Populations team and the agencies that Passport collaborates with for the care of our members, such as the DCBS. Our Provider Manual also describes the nuances of the guidance and requirements for our members in foster care; for example, children may receive services from a specialist without a referral and require prior authorization for the following services



only: inpatient hospital admissions, private duty nursing, home health services and any noncovered services, including early and periodic screening, diagnosis and treatment (EPSDT) expanded services.

Provider Relations Representatives (PRRs) visit providers at their offices on a regular basis. Dependent upon the providers' needs, the PRR may schedule monthly on-site visits and be available on an ad hoc basis to visit providers at any time. PRRs stay engaged with providers via telephone, email or other provider-preferred methods. Upon request, the PRR will return to the provider's office to conduct an in-person orientation refresher course or onboard new provider staff at any time.

## **Passport Continually Educates and Updates Providers**

Passport *eNews* is a key communication method that the Provider Relations team uses to share timely information with participating providers in our network. Timely operational updates, announcements and information are shared with providers in real time via email. The distribution can be tailored to specific provider types, including Kentucky SKY providers for targeted messaging, or sent to all providers with communications that have a broader impact. Passport *eNews* communications are sent out weekly, on average. In 2018, approximately eighty (80) Passport *eNews* emails were sent to our provider community with information relevant to their practices. Passport also offers annual provider workshops at accessible locations across Kentucky so that providers from all regions have the ability to attend. Topics presented at previous workshops have included fraud, waste and abuse detection, Social Security Act Title XI, the role providers have in quality and Healthcare Effectiveness Data and Information Set (HEDIS) measures, third-party administrator transition training, DMS initiative training (i.e., Kentucky HEALTH) and billing and reimbursement practices. To ensure all providers have access to the training information at any time, Passport facilitates and then posts a webinar version of the workshop available on the provider portal.

# **Passport's Member Outreach**

Passport's approach to member outreach and education centers around its philosophy of compassion, personalized communication, early engagement and face-to-face contact, focused on achieving integrated, whole-person care for its members. As we will describe throughout this section, we deploy numerous strategies across multiple teams to achieve higher engagement from members.

We work one-on-one with members in person in the community, at their provider offices and in their homes to help empower them to engage in their health care. Our goal is to persuade members to take control of their health and trust that we will be there to support them every step along the way, in any way that influences their health and well-being. We want them to know that we are there for them in their own community, especially when they need us most.

In addition to meeting members where they are, we believe the first ninety (90) days of their membership is a critical time to build trust and set expectations. Our initial engagement and education of the member is described below.



## Kentucky SKY New Member Web Page

Though Passport's website provides its members with tools and information to keep them healthy. Passport's Kentucky SKY New Member Web Page will be tailored to specifically meet the needs of new Kentucky SKY members. It will walk Kentucky SKY members and their caregivers through what kind of outreaches they can expect to receive from Passport in their first days with the plan, such as a new member welcome kit containing a Member Handbook, a separate mailing with a Passport ID card and a phone call from Passport personally welcoming members to the plan and answering any questions the member or their caregivers may have. The Passport New Member Web Page also contains a checklist that members or their families or guardians can use to take charge of their health and their family's health from the start and get the most from their benefits. The checklist contains seven (7) easy-to-follow steps with instructions for our members to follow:

- Knowing the name of their PCP
- Scheduling their first PCP visit
- Learning more about their pharmacy benefits
- Saving the 24/7 Nurse Advice Line phone number
- Filling out their HRA
- Setting up an account on Passport's member portal
- Calling Passport with questions about how to better manage their health

### **Telephonic Outreach to Kentucky SKY Members and Their Guardians**

Through multilingual telephone outreach programs, we provide information to Kentucky SKY members about their benefits, how to access them and focused reminders to children and their families about preventive health benefits and screenings, including information about disease progression and incentives for obtaining the screenings. These calls often serve as a basis for engaging members or their guardians in additional care coordination activities, for example assistance in scheduling appointments, transportation, or referral to community resources.

The SKY Care Coordinator also will outreach to members, their guardians and caregivers to deliver EPSDTrelated messages. These outreach discussions will reinforce the availability of preventive care, the recommended schedule for EPSDT screenings and immunizations, as well as the importance of follow-up when referred for a service identified as the result of an EPSDT screening. Care Coordinators also confirm that the member, caregivers, and guardian knows who the assigned PCP is and how to access care.

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## Kentucky SKY High Fidelity Wraparound Care Management

### **Basic Care Management**

All Kentucky SKY members will have access to care coordination. A Care Coordinator will develop an individual care plan with the member and/or caregiver that will detail interventions, therapies and action steps the member and/or other members of the care team will undertake.

Care plan development will always include attempts to obtain input from a member's PCP, dental provider, BH providers, specialists and other providers.

Kentucky SKY Care Management will take a holistic and member-centric approach. This approach is designed to provide support and resources for members and their families. Examples of this support include:

- Functioning as a health care advocate
- Helping to close gaps in care
- Locating and scheduling provider appointments
- Facilitating and/or arranging transportation
- Connecting the member to community-based organizations and resources
- Resolving barriers to access for needed care and services
- Addressing challenges related to SDoH, health disparities and health literacy

Passport will leverage a team-based model to support members. Members in foster care will be supported by a core team comprised of a Care Coordinator, the member, caregivers and social service worker (SSW). For members under adoption subsidy, the core team will be comprised of a Care Coordinator, the member and parent/caregiver. The core team for former foster care members will be the Care Coordinator and the member. As needed to support a member's progress toward his or her care plan goals, these core teams will be supplemented by providers, community supports, nurse Care Advisors, Passport BH clinicians, Passport psychiatrists, Passport's medical director, Passport's BH director, Passport behavior specialists, Passport registered dietitians and/or a Passport clinical pharmacist.

### **Our Community Engagement Department**

Passport's member engagement strategy is best captured in the phrase "Better Health Together reflecting our fundamental belief that the best health outcomes result when Passport, its members, and providers work together. Passport has Community Engagement representatives embedded throughout the Commonwealth connecting members with Passport sponsored targeted community events and other health resources to meet individual needs.

Passport Community Engagement staff actively provide health and benefit education to members, participate on many local boards and collaborate with agencies that support DMS goals and its mission. Here are some locations/events where we outreach to and educate members in our community and meet them where they live, work, play, pray, learn and connect.

Community area ministries

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- Schools and school events
- Homeless shelters
- City and community development centers
- Substance use disorder recovery centers
- Prisons
- Community kitchens
- Community centers
- Libraries
- Pregnancy centers
- Health departments and other health care facilities
- Community action agencies
- Apartment complexes
- Mental health and substance abuse facilities
- Churches
- Reentry facilities
- Extension offices
- Colleges
- Career centers
- Goodwill and other thrift centers and food pantries
- Salvation Army
- Numerous other advocate locations

Community engagement representatives use these opportunities to further engage and educate members about their health and their health care benefits.

### **Other Member Communication Methods**

In addition to the communications specifically targeted toward Kentucky SKY members and their families, Passport engages in extensive communication with all members. We communicate with our members in person, by phone, by email, by mail, by text message, through online chat, and through social media such as Facebook, Twitter, Instagram, and others. A high-level overview of Passport's communications methods are included in **Exhibit G.3-16** Communication Methods, Strategies, and Key Messages below.



### Exhibit G.3-16 Communication Methods, Strategies, and Key Messages

Communication Method/Strategy	Key Messages and Objectives
<ul> <li>Broadcast Media <ul> <li>Local and cable TV</li> <li>Local and public radio</li> </ul> </li> <li>Print <ul> <li>Local, county newspapers</li> <li>Provider and professional publications</li> <li>Lifestyle magazines</li> <li>Flyers and brochures</li> </ul> </li> <li>Outdoor <ul> <li>Mass transit ads, bus shelters, vehicle wraps</li> <li>Billboards and mobile billboards</li> <li>Signage at key Kentucky venues</li> </ul> </li> </ul>	<ul> <li>Promote Passport's Mission: To Improve the Health and Quality of Life of Our Members</li> <li>Promote and Improve Access to Health Benefits</li> </ul>
<b>Targeted Events and Sponsorships</b> with representation by Passport Community Engagement Team	<ul> <li>Provide In-Person Access to Community Engagement Representatives</li> <li>Collaborate with Advocate Agencies to Ensure Access to Needed Services</li> </ul>
Web/Social Media         Facebook         Twitter         Pinterest         Instagram         YouTube         Text messaging         Mobile-friendly website         Digital advertising         Search-engine marketing	<ul> <li>Increase education for prevention and disease management</li> <li>Reinforce Department for Medicaid Services (DMS) messages through various social media mediums</li> </ul>
Direct-to-Member Messaging <ul> <li>Direct mail</li> <li>Email</li> <li>Text messages</li> <li>Outbound calls</li> <li>Newsletters</li> <li>On-hold messaging</li> </ul>	<ul> <li>Send educational information directly to members</li> <li>Invite member participation at community events</li> <li>Remind members to seek preventive care</li> <li>Reminders about appropriate use of the emergency department</li> </ul>



# **Development of Material to Support the Program**

Passport has an existing library of approved, award-winning materials developed by our in-house, Kentuckybased Communications teams that we use to engage with providers, members, staff and the community and to support program requirements. These materials are broad-based and include:

- Member Education and Communications:
  - New Member On-Boarding 90-Day Plan
  - New member videos
  - PHM Program Collateral including brochures, letters & videos
  - Regulatory letters
  - Member Handbook
  - Additional member educational materials specific to Kentucky SKY
- Provider-facing Materials
  - Provider manual
  - Materials on PHM Programs and engagement approaches
  - Regulatory letters
- Employee Training & Compliance Materials
- Program policies & procedures
- Desktop procedures & job aids
- Training modules

We will evaluate all existing materials in our planned Transition Communications Center to optimize impact, to align with Passport's latest programs and to ensure compliance against the latest regulations.

Passport also uses various methods to continually adapt our materials to reach Kentucky's various populations and audiences effectively, such as:

- Use of local focus groups
- Using best practices to meet the needs of various Kentucky stakeholders (such as specific cultural nuances and language needs)
- Collaboration between internal subject matter experts and teams
- Use of data from past communications to determine effectiveness
- Use of local talent and visuals
- Kentucky Medicaid/SKY Regulations



Communications experts in individual departments are typically responsible for helping determine the content and distribution method of their requested materials. However, our Transition Communications Center & central creative services teams will assist in the content review, printing and fulfillment process throughout the implementation.

Our extensive, existing supporting material, coupled with our depth and breadth of experience in Kentucky, means that we are ready as needed to deploy new and refined materials to successfully support the new contract. The development of new and refined materials, focused on critical updates and program enhancements, is built into our Program Implementation Plan. New and updated materials will be coordinated with DMS for approval.

G.3.b. Describe the Contractor's approach for building relationships with DCBS staff at the Service Region and county level, and with Department for Juvenile Justice (DJJ) staff at the Community District level to support enhanced coordination of care, reduced duplication of services, and improved access to the most appropriate services to meet the needs of Kentucky SKY Enrollees. Please address education, training, communications, and process development.

Passport recognizes the importance of building trusting relationships and promoting open communication as key to the success of the SKY contract. As such, Passport anticipates locating care coordinators and other designated SKY staff throughout the state to promote strong and supportive collaboration. As agreed to by DCBS and DJJ, we will look to co-locate staff in DCBS Service Region and DJJ Community District offices. This plan mirrors our current foster care team which has been successful at building relationships with DCBS staff at the county and Service Region level through the assignment of team members to specific DCBS offices.

The assigned team member is responsible for meeting on a regular basis with each of their assigned regions. In their day to day work, they make contact with Service Region Clinical Associates, DCBS Family Service Office Supervisors and Social Service Workers on behalf of foster care members to obtain and share information, understand needs, and coordinate care. One of our passions is around avoiding duplicative care (such as repeat immunizations of children) due to lack of medical history available to caregivers and providers. We work hard to establish and maintain relationships with staff at county/Community district level to promote the best interests of the members. We understand from our experiences that these relationships are key to successful ongoing collaboration for process improvement and, more importantly, vital to providing care coordination for our members.

While our work with DJJ has not been as extensive as it has with DCBS, we have worked with them to share member medical history and other information when needed. We are already working to build our relationships with DJJ, beginning at the regional level with a first meeting scheduled to reestablish connections and listen to how we can currently be of service to them.

To insure a voice for state agency staff in the governance of the SKY contract, upon award of the Kentucky SKY MCO contract, Passport's Quality Organization Structure will be enhanced by establishing the Kentucky SKY Advisory Committee, a sub-committee to the Quality Medical Management Committee (our Quality Improvement Committee (QIC)) focused specifically on Kentucky SKY population. The Kentucky SKY Advisory Committee's relationship to overall Passport governance is shown in **Exhibit G.3-17**. In addition to



providers from the community and DCBS representatives, this new committee will include current foster care members, former foster care members, foster parents, and adoptive parents and would be fully accountable for ensuring access to care, integration of care, and quality of care for all SKY enrollees.





This committee will report up to the Quality Medical Management Committee (QMMC). The QMMC is Passport's Quality Improvement Committee (QIC), chaired by Passport's Chief Medical Officer, and is responsible for ongoing oversight of quality program deliverables. As our QIC, the QMMC serves as the primary conduit for achieving our holistic organizational goals for quality which flow from DMS' stated priorities of transforming the program; engaging individuals to improve their health and engage in their healthcare; significantly improving quality of care and healthcare outcomes; and reducing or eliminating health disparities. Through its oversight of quality for the entire Passport organization, the QMMC facilitates our organization's focus on whole-person care across the full spectrum of needs and services, regardless of whether these services are delivered directly by Passport, or via a subcontracted arrangement. The Partnership Council is an approving body for the QMMC and ultimately reports to Passport's Board of Directors.

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# **Education and Training**

Due to the unique needs of foster youth and other SKY members, Passport recognizes the need for a strong training component. As described elsewhere in this response, Passport's SKY team will work with the Department, DCBS, DJJ and other state agencies to identify and provide training throughout the Kentucky SKY system of care.

We are committed to ensuring that services delivered through SKY will be trauma-informed, use evidencebased practices, and take into account the impact of ACES in the lives of our members. In addition to state agency staff and providers, Passport is reaching out to law enforcement and judges. Furthermore, through our community engagement efforts, we are offering educational events directed toward the broader community within the Commonwealth to promote a wide understanding of the needs of Kentucky SKY members. Section G.7 contains an extensive description of the training materials that we will use.

Passport will submit its educational and training plan and materials to the Department for review and feedback. Training materials will be updated at least annually, and more often if a change in law or policy alters the content of the training materials.

## Communication

In addition to the availability of SKY care coordination and other staff to the county and Regional DCBS offices, the Project Manager, the Executive Director, and the SKY management team will be available to meet with state agency staff at their offices in Frankfort throughout the planning, implementation, and deployment phases of the SKY contract to strengthen relationships and address any challenges that develop.

# **Process Development**

Passport has proposed structures at the county, regional service and community district, and state-wide level to promote full participation of all stakeholders in the development of processes to achieve the goals of the SKY program. As described in this section, these structures include extensive project management resources as well as formal and informal mechanisms to seek input, negotiate standards, and monitor outcomes.

# Conclusion

Our many years of serving Kentuckians has provided us with extensive implementation advantages, proven operating systems, a large, statewide provider network, a high-performing local team, and significant experience working with members and stakeholders throughout the Commonwealth. Even so, Passport employs standard project management techniques and a carefully prepared project implementation plan to ensure a low-risk, smooth transition to the new contract. We are committed to delivering a successful implementation to deliver on 2021 SKY program requirements and to providing an exceptional experience to our Kentucky SKY members and providers alike.

Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.

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